City of Tempe P. O. Box 5002 140 East Fifth Street, Suite 303 Tempe, AZ 85280 480-350-8280 www.tempe.gov

City Prosecutor's Office

EMAIL ADDRESS



## REQUEST TO INVOKE VICTIM'S RIGHTS

If you wish to invoke your rights, please return this form to the Tempe Prosecutors Office 140 E 5th St, Suite 303, Tempe AZ 85281, fax (480) 350-8987. If you do not return this form, this office will consider that you do not want to be notified of any judicial proceedings. ( ) I WAIVE "UPON REQUEST" MY RIGHTS IN THIS CASE. I CHOOSE "UPON REQUEST" MY RIGHTS IN THIS CASE AND WISH TO BE NOTIFIED OF THE FOLLOWING ACTIONS: (CHECK ALL THAT APPLY). ( ) I consent to disclosure of any communications made by or with me as a victim in this case. This includes but not limited to information regarding compensation and restitution, records, notes, documents, correspondence, reports or memoranda that contain opinions, theories or other information made while advising, counseling or assisting the victim or that are based on communications made by or with the victim, including communications made to or in the presence of others. ( ) To be notified of the date, time and location of all criminal proceedings, terms and conditions of release, disposition of the case, sentence imposed and post-conviction proceedings. ( ) I wish to confer with the prosecuting attorney about the disposition of this case and discuss my view as to all aspects of the case, including plea negotiations, pretrial diversion, possible dismissal or proceeding with prosecution. ( ) To keep my address, phone number, place of employment or other confidential information that could be used to locate me from the defense attorney and defendant. (THIS ONLY APPLIES IF THE DEFENDANT DOES NOT ALREADY KNOW THIS INFORMATION, OR YOU HAVE MOVED OR ARE PLANNING TO MOVE). Restitution Request - eligible requests through the Criminal Court is limited to victim's DOCUMENTED OUT OF POCKET EXPENSES this does not include amounts reimbursed to you or paid on your behalf by insurance. Please complete the following and include supporting documentation. All documents submitted are subject to verification. \_\_\_\_\_\_ (List of items with receipts) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE Property damage \$\_\_\_\_ (Two estimates needed) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE (Copies of bills & future treatment) DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE Medical bills \_\_\_\_\_\_(Written statement from employer on letterhead) DO NOT INCLUDE ANY AMOUNTS PAID BY Lost wages **INSURANCE** TOTAL YOU MUST PROVIDE WRITTEN DOCUMENTATION FOR ALL AMOUNTS REQUESTED DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE IF YOU ARE REIMBURSED FOR ANY AMOUNTS LISTED ABOVE, YOU MUST NOTIFY THE TEMPE PROSECUTORS' OFFICE SIGNED: \_\_\_\_ <>< VICTIM OR LAWFUL REPRESENTATIVE MAILING ADDRESS/PHONE>>> Address, City, State, Zip\_\_\_\_\_ PHONE: Home ( )

FAILURE TO KEEP YOUR ADDRESS AND PHONE NUMBER CURRENT IS CONSIDERED A WAIVER OF YOUR RIGHTS.